Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	
	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	d on Mam / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Donald Dessauer	M M / D D / Y Y Y Y
Mailing Address 1804 Auburn Ave	07 05 2014 Amount
City State Zip Code	15.00
Metaire LA 70003	Transaction ID: d944b341-f5b0-4604-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbrace 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Jonathan Odette	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9600 Earpsboro Chamblee Road	
	Amount
City State Zip Code	60.00
Wendell NC 27591	Transaction ID: 88ce659d-da0b-4c4e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Time 001	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Type Type	0, 00 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Guioridai Todi To Bato	ursement For: Primary X General
Per Election for Office Sought 147448.02 2014	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	75.00
	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan	-M / D D / Y - Y - Y
(77)	07 2014
Oignature	

Schedule E)	INT EXI END	TTOTILO	<u> </u>	PAGE 2 OF 36 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D D / Y Y Y Y Y
Full Name of Payee Jonathan Odette			Date of Public I	Distribution/Dissemination
Mailing Address 9600 Earpsboro Chamblee Road			07	05 2014
			Amount	
City	State	Zip Code		9.60
Wendell	NC	27591		: 3592fa9b-e4a2-4a47-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	147448.02	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
James Kindstedt			07	05 / 2014
Mailing Address 5510 Dogwood Dr			Amount	
City	State	Zip Code		40.00
Winston Salem	NC	27105		bd5256ab-a1d5-407c-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		147448.02	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures			49.60
,				7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		>	4
(c) TOTAL Independent Expenditures			•	1 7 1 7 1
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 / 07	2014
Signataro				

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 3 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee James Kindstedt			Date of Public Distribution/Dissemination
Mailing Address 5510 Dogwood Dr			07 05 7 2014
S SONO DOGWOOD DI			Amount
City	State	Zip Code	12.57
Winston Salem	NC	27105	Transaction ID: 4990ff89-b199-489f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	147448.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Joanna Kindstedt			07 05 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2134 Tobaccoville Rd			Amount
City	State	Zip Code	40.00
Rural Hall	NC	27045	Transaction ID : d6ca925e-0252-47d0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		147448.02	Disbursement For: Primary General General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		52.57
(b) SUBTOTAL of Unitemized Independent Exp	andituras		
(b) 300101AL of Officeringed independent Exp	enditures		
(c) TOTAL Independent Expenditures			>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Ky Broussard	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 301 N Cedar Street An	nount
City State Zip Code	30.00
Abbeville LA 70510 Tra	ansaction ID : ab69a031-f71b-45fd-b ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	
Full Name of Payer	Other (specify)
Full Name of Payee Ky Broussard	ate of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 301 N Cedar Street	07 05 2014 mount
City State Zip Code	12.90
	insaction ID: f15134fe-5060-419b-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	42.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	07 2014
Signature	

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OF

Schedule E)	TI EXI END	HONES	_	AGE 5 OF 36 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEI	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Jennie Butler			07	05 / 2014
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		23.30
Ayden	NC	28513		: deaca527-93fb-4599-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M / 07	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	147448.02	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Jennie Butler			07 /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		8.52
Ayden	NC	28513		18a892ef-fea7-4fb1-9 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	05 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	147448.02	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	31.82
			7	7
(b) SUBTOTAL of Unitemized Independent Expend	litures		· •	7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 07	2014
- 9				

Schedule E)	LIVI EXI EIVE	TIONES	PAGE 6 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Emily Butler			07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd			Amount
City	State	Zip Code	30.00
Ayden	NC	28513	Transaction ID: 7434ca2a-ac79-47ab-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	147448.02	Disbursement For: Primary General 2014 Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	50.00
Shreveport	LA	71119	Transaction ID: 6aaeede5-7982-43ef-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		49326.26	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		80.00
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	DENT EXTEN	SHORLS	PAGE 7 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	15.60
Shreveport	LA	71119	Transaction ID : c6496b8c-bc96-4fa4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	49326.26	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jennifer Susky			07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1117 Shadow Lane			Amount
City	State	Zip Code	20.00
Benton	AR	72015	Transaction ID : 1ca3843d-3983-48de-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		14528.23	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 35.60
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		>
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
9			

Schedule I		TI EXI END			PAGE 8 OF 36 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women \$	Speak Out PAC				C C00530766
o	V (a)		. 🗆 .		-M / D D / Y H Y H Y
	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	
	e of Payee er Susky				of Public Distribution/Dissemination
Mailing Ad	ddress 1117 Shadow Lane			Amou	
City		State	Zip Code		1.50
Benton		AR	72015		action ID : 632f866a-f291-4187-9 of Disbursement or Obligation
Purpose of Mileage	of Expenditure		Category/ Type 002	М	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark	L Pryor		X Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	7	14528.23	Disbursemen 2014 O	t For:
	e of Payee			Date	of Public Distribution/Dissemination
Petrina	a Williams			IV	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing A	ddress 3007 Darden Rd			Amou	
				Amou	
City		State	Zip Code		80.00
Greensb		NC	27407	Transa Date	ction ID: 258a5c52-c6b5-4949-8 of Disbursement or Obligation
Purpose of Salary	of Expenditure		Category/ Type 001	TV	07 / 05 / Y Y Y Y Y
Name of	Federal Candidate		Support	Office Sough	t: House District:00
Ms. Kay I	Hagan		Oppose	Preside	ent Senate State: NC
	ndar Year-To-Date Election for Office Sought	7 1 1 7	147448.02	Disbursemen 2014 O	t For:
•					
(a) SUBTO	OTAL of Itemized Independent Expenditu	res		•	81.50
(b) SUBTO	OTAL of Unitemized Independent Expend	itures		· •	7 7 7
(c) TOTAL	Independent Expenditures			•	7
with, or at	alty of perjury I certify that the independ the request or suggestion of, any candid nittee) any political party committee or its	ate or authorized			
	Ms. Emily Buchanan	[Electron	ically Filed] Date	9 07	07 / 2014
Signatu	re		_		

Schedule E)		PAGE 9 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M = M / D = D / Y = Y = Y
Check if 24-hour report X 48-hour report New report	Amends report filed on	
Full Name of Payee Petrina Williams	Date	of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd		07 05 / 2014
3007 Darden Rd	Amo	ount
City State Zip Co	de	7.20
Greensboro NC 27407		nsaction ID: e233020b-fa44-4577-8 of Disbursement or Obligation
Purpose of Expenditure Mileage Category		07 05 / 2014
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Ms. Kay Hagan	X Oppose Presi	dent State: NC
Calendar Year-To-Date Per Election for Office Sought	Disburseme 2014	ent For: Primary
Full Name of Payee	<u>' </u>	e of Public Distribution/Dissemination
Mr. Michael Vidrine		07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 458 Hebert Rd		
	Amo	ount
City State Zip Co		43.00
Palmetto LA 71358	Trans Date	saction ID: c75c7fe8-9690-4af0-9 e of Disbursement or Obligation
Purpose of Expenditure Salary Categ	gory/ Type 001	M 07
Name of Federal Candidate	Support Office Sou	ght: House District: 00
Ms. Mary L Landrieu	Oppose Presi	ident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 493	Disburseme 2014	ent For: Primary
•		
(a) SUBTOTAL of Itemized Independent Expenditures	······	50.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(a) TOTAL ladar and ast 5 manufit mass		
(c) TOTAL Independent Expenditures	>	4 4
Under penalty of perjury I certify that the independent expenditures reporte with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Fi	led] Date 07	07 2014
Signature		

Schedule E)				PAGE 10 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
				00033.55
Check if 24-hour report X 48-hour report	ort New rep	port Amends repo	ort filed on	/ D D / Y D Y D Y
Full Name of Payee Mr. Michael Vidrine			M = M	c Distribution/Dissemination
Mailing Address 458 Hebert Rd			O7 Amount	05 2014
City	State	Zip Code		28.20
Palmetto	LA	71358		ID: 1ba5956c-7ede-4b92-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	Date of Disbu	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		49326.26	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ▶
Full Name of Payee Paul Rickert			Date of Publi	c Distribution/Dissemination
Mailing Address 710 St. Martins Lane			07	05 2014
			Amount	
City	State	Zip Code		45.00
Bossier City	LA	71111	Transaction II Date of Disbu	D: cccd77ae-597d-4e6c-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	05 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		49326.26	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	73.20
(b) SUBTOTAL of Unitemized Independent E	xpenditures		. •	1 4 1 1 4 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electro1	nically Filed] Date	07 07	2014
Signature		_		

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report fill	ed on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Paul Rickert	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 710 St. Martins Lane	Amount
City State Zip Code	5,10
Bossier City LA 71111	Transaction ID : 8ab20182-9268-43fe-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 / 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Display: 20	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Najib Mahmud	07 05 2014
Mailing Address 3432 Riverrock Ct	Amount
City State Zip Code	45.00
Baton Rouge LA 70820	Transaction ID: 3b3a43c7-43db-4276-a Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07
Name of Federal Candidate Support Of	fice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
	sbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	50.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	M = M / D = D / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
Signature	

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ooneddie E	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Najib Mahmud	07
Mailing Address 3432 Riverrock Ct	mount
City State Zip Code	1.50
Baton Rouge LA 70820 Tr	ransaction ID : b0316002-c7e4-49e2-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 05 7 2014 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought Disburser 2014	ment For: Primary General
Full Name of Payee	Other (specify) ▶ate of Public Distribution/Dissemination
Evelyn Lesaicherre	ate of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	mount 2014
City State Zip Code	60.00
	ansaction ID : de111ff9-3a4c-4bb6-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 05 / 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought Disburse 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	61.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	07 2014
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Evelyn Lesaicherre	07
Mailing Address 629 Radiance Ave	Amount
City State	Zip Code 2.40
Metairie LA	70001 Transaction ID : 6ca98035-96c4-4581-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Tarrin Lesaicherre	Date of Public Distribution/Dissemination
Mailing Address 629 Radiance Ave	07 05 2014 Amount
City State	Zip Code 40.00
Metairie LA	70001 Transaction ID : 0f22c53c-11ee-4c0c-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	42.40
(b) SUBTOTAL of Unitemized Independent Expenditures	>
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 07 07 2014
Signature	

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OF

Schedule E)	TI EXI END			PAGE 14 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	X New rep	oort Amends repo	ort filed on	
Full Name of Payee Tarrin Lesaicherre			М	f Public Distribution/Dissemination 07
Mailing Address 629 Radiance Ave			Amour	
City	State	Zip Code		2.40
Metairie	LA	70001		action ID : 25be0d5e-14fe-4f99-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 05 / 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	49326.26	Disbursement 2014 Ot	For: Primary X General her (specify) ▶
Full Name of Payee	_		Date o	of Public Distribution/Dissemination
Jeanne Tribou				07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 22369 Ponderosa Dr.				
			Amour	
City	State	Zip Code		50.00
Mandeville	LA	70471	Transac Date of	ction ID: e7c27f42-d584-48e5-8 f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 05 7 2014
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		49326.26	Disbursement 2014 Ot	t For: Primary
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	52.40
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	1 7 1 1 7 1 1 7 1
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	e 07	07
Signature				

Schedule E)	I EXI END			PAGE 15 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
			M	M / D D / Y Y Y
Check if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	7 5 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Full Name of Payee Jeanne Tribou				f Public Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.				07 05 2014
ZZ369 Ponderosa Dr.			Amoun	t
City	State	Zip Code		3.60
Mandeville	LA	70471		ction ID: e9e7d588-27bd-456b-b f Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	07
Name of Federal Candidate		Support	Office Sought:	: House District:00
Ms. Mary L Landrieu		X Oppose	Presider	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		49326.26	Disbursement 2014 Oth	For: Primary
Full Name of Payee			Date o	f Public Distribution/Dissemination
Dylan Simon				07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Millrock Drive			Amoun	nt
City	State	Zip Code		41.83
Lafayette	LA	70508	Transac Date o	ction ID : b473f33b-e122-4e4e-b f Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	07 05 2014
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	nt Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		49326.26	Disbursement 2014 Ott	For: Primary X General her (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	S		• •	45.43
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		. •	
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	07	07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	i on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Dylan Simon	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 111 Millrock Drive	Amount
City State Zip Code	2.52
Lafayette LA 70508	Transaction ID : 5c865d5d-069a-4be9-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type O02	07 05 Y 2014
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disbut	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Cassidy Quartararo	07 05 2014
Mailing Address 632 Cameron Court	Amount
City State Zip Code	55.00
Kenner LA 70065	Transaction ID : 254690c1-b4d3-4867-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 05 7 2014
Name of Federal Candidate Support Offic	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	57.52
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 07 2014
Signature	

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OF

Sch	edule E)	EXI ENDI	101120				PAGE 17 OF 36 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wc	omen Speak Out PAC						C00530766
						M M /	/ D = D / Y = Y = Y
Chec	k if 24-hour report X 48-hour report	New repo	ort Am	nends repo	rt filed on		
	ull Name of Payee Cassidy Quartararo				Da	M M	c Distribution/Dissemination
N	Mailing Address 632 Cameron Court				Am	07 nount	05 2014
L							
-	,	State LA	Zip Code		Tes	no costi on	6.78
	Kenner	LA	70065				ID: f62aa4a3-eb12-4fc2-9 ursement or Obligation
	rurpose of Expenditure Mileage		Category/ Type	002		07	05 / 2014
N	lame of Federal Candidate			Support	Office Sou	ught:	House District: 00
ľ	Ms. Mary L Landrieu			Oppose			Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		49326.26		Disbursen 2014	nent For: Other (sp	Primary
	full Name of Payee				Da	te of Publi	c Distribution/Dissemination
Т	Ethan Cranford					07	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 2012 Caleb Drive					Ů.	2011
Т					An	nount	
	Dity	State	Zip Code				17.50
	Searcy	AR	72143				D: df29f90a-266d-4d88-b ursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07	05 / 2014
٦	lame of Federal Candidate			Support	Office So	ught:	House District: 00
	Mr. Mark L Pryor		X	Oppose	Pre	sident	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	, , ,	14528.2	3	Disburser 2014	nent For: Other (sp	Primary X General
(a)	SUBTOTAL of Itemized Independent Expenditures	i			• •		24.28
(b)	SUBTOTAL of Unitemized Independent Expenditure	res					7 1 7
(c)	TOTAL Independent Expenditures				•		
wit	der penalty of perjury I certify that the independen h, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	/ 07	/ Y Y Y Y Y 2014
	Signature		_				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report Ne	w report Amends report filed on Amends report
Full Name of Payee Ethan Cranford	Date of Public Distribution/Dissemination
	07
Mailing Address 2012 Caleb Drive	Amount
City State	Zip Code 2.31
Searcy AR	72143 Transaction ID : 59c1c044-afdb-47b2-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 05 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Chris McCoy	Date of Public Distribution/Dissemination M M M O O O O O O O O O O O O O O O O
Mailing Address 1025 Cayley Ct	Amount
City State	Zip Code 50.00
High Point NC	27260 Transaction ID : a9e1ef4a-65ad-49c4-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 05 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	52.31
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
	litures reported herein were not made in cooperation, consultation, or concert torized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan [El	lectronically Filed] Date 07 07 2014
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OF

Schedule E)	PENT EXICINE	TIONES	PAGE 19 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Chris McCoy			07
Mailing Address 1025 Cayley Ct			Amount
City	State	Zip Code	7.80
High Point	NC	27260	Transaction ID : eeca34a1-9a2d-452c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	147448.02	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			07
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	12.50
Metairie	LA	70001	Transaction ID : cf070588-abf9-4f1e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	49326.26	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		20.30
			77 77 77
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Schedule E)	EXI END	TONEO		PAGE 20 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends rep	port filed on	- M / D - D / Y - Y - Y - Y
Full Name of Payee Lesley Lennox				of Public Distribution/Dissemination
Mailing Address 2305 Cleary Ave			Amou	07 05 2014 nt
City	State	Zip Code		0.30
Metairie	LA	70001		saction ID : 9142aaac-abbb-4d2e-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	2	07 05 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, ,	49326.26	Disbursemer 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Earl Stewart				07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road			Amou	
City	State	Zip Code		70.00
Snowcamp	NC	27349		action ID : ab50fba2-cb12-42f9-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 05 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, , ,	147448.02	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures				70.30
(b) SUBTOTAL of Unitemized Independent Expenditure	res		. .	
(c) TOTAL Independent Expenditures			· [7 1 7 1 7
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	e or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 07	07 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC				FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	rt Amends repo		
Full Name of Payee Earl Stewart			Date	of Public Distribution/Dissemination
				07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9455 Snow Camp Road			Amou	unt
City	State	Zip Code		6.00
Snowcamp	NC	27349		saction ID: 329efdc2-d1d3-48ec-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 05 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	14	17448.02	Disbursemer 2014	nt For: Primary ⊠ General Other (specify) ▶
Full Name of Payee Francis Richardson			Date	of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			Amou	07 05 2014 unt
City	State	Zip Code	<u> </u>	25.00
Lafayette	LA	70503		action ID: 43ea77d4-5374-4ab2-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 05 7 2014
Name of Federal Candidate		Support	Office Sough	ht: House District:00
Ms. Mary L Landrieu		X Oppose	Presid	lent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	49326.26	Disbursemer 2014	nt For: Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	31.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			· [7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan	[Electronic	cally Filed] Date	e 07	07 2014
Signature				

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OF

Scl	nedule E)	LIVE			PAGE 22 OF 36 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC				C C00530766
Che	ck if 24-hour report X 48-hour report	New repo	ort Amends	report file	ed on
_		- Tow Top	741101140	Toport III	
	Full Name of Payee Francis Richardson				Date of Public Distribution/Dissemination O7 05 2014
	Mailing Address 220 Doucet Rd				Amount
ŀ	City State		Zip Code		0.84
	Lafayette LA		70503		Transaction ID : b723b76b-2a07-4d1d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002	07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate		Suppo	rt Offi	ice Sought: House District: 00
	Ms. Mary L Landrieu		X Oppos		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		49326.26	Dis 201	bursement For: Primary
Γ	Full Name of Payee				Date of Public Distribution/Dissemination
1	James Tatro				07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Mailing Address 1208 Braeburn Rd				07 03 2014
1					Amount
ŀ	City State		Zip Code		80.00
	Charlotte NC		28211		Transaction ID: 8a56630d-9a5c-4099-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001	M 07
ľ	Name of Federal Candidate		Suppo	ort Off	fice Sought: House District: 00
ŀ	Ms. Kay Hagan		X Oppos	se [President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		147448.02	Dis 20	sbursement For: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures				80.84
(1	b) SUBTOTAL of Unitemized Independent Expenditures			······ >	117117117
(0	c) TOTAL Independent Expenditures			······ >	
W	Inder penalty of perjury I certify that the independent experith, or at the request or suggestion of, any candidate or at arry committee) any political party committee or its agent.				
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	07 07 2014
	Signature			_	

			FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDE	ENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C	000530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	on/	D D / Y Y Y Y Y
T	Full Name of Payee	Date of Public	Distribution/Dissemination
	James Tatro	07 /	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1208 Braeburn Rd	Amount	
ŀ	City State Zip Code	· · · · ·	1.80
	Charlotte NC 28211		0: 46968f66-94ed-4a26-b sement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	07 /	05 / 2014
	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	sement For:	Primary
	Full Name of Payee Beverly Williams Mailing Address 3007 Darden Rd		Distribution/Dissemination 05 2014
ŀ	City State Zip Code		75.00
	Greensboro NC 27407		: a31d128a-27b5-4036-b sement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 /	05 / 2014
ſ	Name of Federal Candidate Support Office	Sought:	House District:00
	Ms. Kay Hagan Oppose	President X	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbu 2014	rsement For:	Primary
(6	a) SUBTOTAL of Itemized Independent Expenditures	7	76.80
(1	b) SUBTOTAL of Unitemized Independent Expenditures		7
((c) TOTAL Independent Expenditures	-3-	45
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not marith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date 07	M / 07	2014
	Signature		

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OF

Schedule E)		1101120		PAGE 24 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Phillip Williams	,		M = M	
Mailing Address 3007 Darden Rd			Amount	05 2014
City	State	Zip Code		75.00
Greensboro	NC	27407		on ID : 2e43088f-6a05-4ce4-9 sbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		147448.02	Disbursement For 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee Phillip Williams			Date of Pu	ublic Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		7.80
Greensboro	NC	27407		n ID: 68b35903-1dfd-429e-b isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 ^M	05 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		147448.02	Disbursement For 2014 Other	r: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	tures		•	82.80
(b) SUBTOTAL of Unitemized Independent Exper	nditures		·	7 7
(c) TOTAL Independent Expenditures			.	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or	lidate or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	e 07 0	7 2014
Signature				

Schedule E)	PAGE 25 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on Mam / Dab / Yayayay
Full Name of Payee Lisa Booth	Date of Public Distribution/Dissemination
Mailing Address 1434 South Avenue	07 06 2014 Amount
	Allount
City State Zip Code	95.00
Eden NC 27288	Transaction ID: 6d1e44bc-af40-46f4-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type 001	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC State:
Calcillati Total To Date	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Lisa Booth	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1434 South Avenue	
	Amount
City State Zip Code	15.90
Eden NC 27288	Transaction ID: baeea21a-20bd-47e8-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 06 7 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
	Disbursement For: Primary General 2014 Gher (specify) ►
-	
(a) SUBTOTAL of Itemized Independent Expenditures	110.90
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 07 2014
Signature	

Schedule E)	INI EXI ENE	TI OTILO	PAGE 26 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Reagan Brackett			07 06 7 2014
Mailing Address 502 E Center Ave			Amount
City	State	Zip Code	40.00
Searcy	AR	72143	Transaction ID: 977934b2-bebb-4898-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		14528.23	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Lily Green			07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	65.00
Shreveport	LA	71119	Transaction ID: 10636cd5-3a95-4b85-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 06 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		49326.26	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 105.00
(b) OURTOTAL of the book and below a deat 5 more	-114		
(b) SUBTOTAL of Unitermized Independent Expen	altures		. •
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 07 7 2014
•			

Schedule E)	TI EXI END	II OILEO		PAGE 27 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Lily Green				Public Distribution/Dissemination
Mailing Address 205 Medallion Circle			07	
			Amount	
City	State	Zip Code		22.80
Shreveport	LA	71119		tion ID: bb900637-defc-4074-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	49326.26	Disbursement F 2014 Other	For: Primary
Full Name of Payee			Date of	Public Distribution/Dissemination
Michael Vidrine			0	
Mailing Address 1103 West Wilson Street			Amount	النبا النبا
City	State	Zip Code		50.00
Ville Platte	LA	70586	Transact Date of	ion ID : 68a3b54e-7d07-4c77-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M / D D / Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	49326.26	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	72.80
(b) SUBTOTAL of Unitemized Independent Expend	litures		· •	7
(c) TOTAL Independent Expenditures			· .	7 1 7 1 7 1
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		07 2014
Signature				

Schedule E)	INT EXI END	ATOTILO	PAGE 28 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street			07 06 2014 Amount
			Amount
City	State	Zip Code	17.70
Ville Platte	LA	70586	Transaction ID: 185cd6a4-19dd-4333-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 06 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		49326.26	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			07 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	40.00
Ville Platte	LA	70586	Transaction ID: 8ad18559-93d9-49d0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 06 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-,,	49326.26	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 57.70
(b) SUBTOTAL of Unitemized Independent Expen	ditures		
			4 4
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 07 2014
Signaturo			

Schedule E)	71120	PAGE 29 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed	on M M / D D / Y Y Y Y Y Y
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St		07 06 2014 Amount
City State Zip	Code	29.40
· ·	586	Transaction ID: c8357e62-a07a-4959-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	ategory/ Type 002	07 06 / 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 493	Disbu 2014	rsement For: Primary
Full Name of Payee		Date of Public Distribution/Dissemination
Jonathan Odette		07 06 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 9600 Earpsboro Chamblee Road		Amount
City State Zip	o Code	35.00
Wendell NC 27	7591	Transaction ID: 4b5851a5-46df-491f-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	ategory/ Type 001	07 06 2014
Name of Federal Candidate	Support Office	Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbu 2014	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures		64.40
	,	7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronicali	ly Filed] Date 0	_
Signature		

Scl	hedule E)	PAGE 30 OF 36 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee Jonathan Odette	Date of Public Distribution/Dissemination
ŀ	Mailing Address 9600 Earpsboro Chamblee Road	07
	9600 Earpsboro Chamblee Road	Amount
	City State Zip Code	9.60
	Wendell NC 27591	Transaction ID: 8053dbff-c82b-44be-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type 002	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ī	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rsement For: Primary
Γ	Full Name of Payee	Date of Public Distribution/Dissemination
١	Chris McCoy	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ľ	Mailing Address 1025 Cayley Ct	لىنى لنا لنا
١		Amount
ľ	City State Zip Code	50.00
		Transaction ID: 39a66245-aedd-476d-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type 001	07 06 Y Y Y Y Y Y
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought Disbut 2014	rrsement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	59.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
W	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either earty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	7 07 2014
	Signature	

Schedule E)	. EXI END			PAGE 31 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New repo	oort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Chris McCoy			07	M / D D / Y Y Y Y
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code		12.30
High Point	NC	27260		tion ID : da65711f-7607-4fbb-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	NC.
Calendar Year-To-Date Per Election for Office Sought		147448.02	Disbursement F 2014 Othe	or: Primary X General or (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Francis Richardson			07	
Mailing Address 220 Doucet Rd				00 2017
			Amount	
City	State	Zip Code	-	24.00
Lafayette	LA	70503		ion ID: 088122ac-bd77-4faa-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	7 06 7 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	7 7	49326.26	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	:S		• •	36.30
(b) SUBTOTAL of Uniternized Independent Expendit	ures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		07
Signature				

Sc	hedule E)	EXI ENDI	TOTILO				PAGE 32 OF 36 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
W	omen Speak Out PAC						C00530766
 Che	eck if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	ort filed on	M = M /	/ D = D / Y = Y = Y
Т	Full Name of Payee				Date	of Public	c Distribution/Dissemination
	Francis Richardson					M M M M	/ 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 220 Doucet Rd				Amo	ount	
ŀ	City S	State	Zip Code				0.96
	Lafayette	LA	70503				ID: 8d978f4d-5e16-44c0-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		M M M 07	06 / 2014
ľ	Name of Federal Candidate		s	Support	Office Sou	aht:	House District: 00
	Ms. Mary L Landrieu)ppose	Pres		X Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		49326.26		Disburseme 2014	ent For: Other (sp	Primary
	Full Name of Payee Andrew Shiver				Date	e of Publi	ic Distribution/Dissemination
						07	06 2014
	Mailing Address 110 Earlston Ct				Amo	ount	
ŀ	City	State	Zip Code				35.00
	Knightdale	NC	27545		Tran Date	saction II e of Disbu	D: d59e5ba9-38a4-4138-8 ursement or Obligation
Ì	Purpose of Expenditure Salary		Category/ Type	001		07 ^M	06 2014
Ì	Name of Federal Candidate		S	Support	Office Sou	ght:	House District: 00
	Ms. Kay Hagan			Oppose	Pres	ident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		147448.02		Disbursem 2014	ent For: Other (sp	Primary X General pecify) ▶
((a) SUBTOTAL of Itemized Independent Expenditures.						35.96
•	,			•		7	
((b) SUBTOTAL of Unitemized Independent Expenditure	∋s			• •	-	7
((c) TOTAL Independent Expenditures				•		
٧	Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	M M M M M M M M M M M M M M M M M M M	07	/ Y Y Y Y Y Y 2014
	Signature		_				

Sche	dule E)	EXI EIID	101120		PAGE 33 OF 36 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wor	nen Speak Out PAC				C C00530766
				M	M / D D / Y Y Y Y
Check	if 24-hour report X 48-hour report	New repo	ort Amends repo	ort filed on	
Fu A	II Name of Payee Indrew Shiver				of Public Distribution/Dissemination
Ma	uiling Address 110 Earlston Ct			L	07 06 2014
				Amour	nt
Cit	у	State	Zip Code		6.60
	nightdale	NC	27545		action ID: 8c81809e-2a0d-4b74-b of Disbursement or Obligation
	rpose of Expenditure ileage		Category/ Type 002	M	07
Na	me of Federal Candidate		Support	Office Sough	t: House District: 00
M	s. Kay Hagan		X Oppose	Preside	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	, 1	47448.02	Disbursement 2014 Of	t For: Primary X General
	Il Name of Payee			Date of	of Public Distribution/Dissemination
K	enny Wallis			M	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Ma	ailing Address 6412 Osage Dr				
	•			Amou	nt
Cit	ty	State	Zip Code		15.00
	orth Little rock	AR	72116	Transa Date o	ction ID : ff19cd93-4044-42c9-9 of Disbursement or Obligation
	rpose of Expenditure alary		Category/ Type 001	M	07 06 7 2014
Na	me of Federal Candidate		Support	Office Sough	t: House District:00
М	r. Mark L Pryor		X Oppose	Preside	ent X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	y	14528.23	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a)	SUBTOTAL of Itemized Independent Expenditures	S		·	21.60
(b)	SUBTOTAL of Unitemized Independent Expenditu	ıres			7 1 7 1 7
(c)	TOTAL Independent Expenditures			•	7 1 7 1 7
with	er penalty of perjury I certify that the independent, or at the request or suggestion of, any candidate y committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	M M / /	07
5	Signature				

ooneddie Ly				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48	-hour report New rep	ort Amends repor	rt filed on	* M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Kenny Wallis			М	07 06 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6412 Osage Dr			Amou	nt
City	State	Zip Code	— I	1.41
North Little rock	AR	72116		action ID : f9608c17-88e2-4ecb-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sough		14528.23	Disbursemen	
			O	ther (specify)
Full Name of Payee Nathan Smith				of Public Distribution/Dissemination
Mailing Address 1247 W Mt Cor	mfort Pd		_ L	07 06 2014
5 1247 W WILCOM	more itu		Amou	nt
City	State	Zip Code	TI:	41.60
Fayatteville	AR	72703		ction ID: c88f3799-cd93-4499-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 06 7 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Mark L Pryor		X Oppose	Preside	ent X Senate State: AR
Calendar Year-To-Date Per Election for Office Sough	ıt	14528.23	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Indepe	ndent Expenditures		.	43.01
(b) SUBTOTAL of Unitemized Inde	pendent Expenditures		•	71171171
(c) TOTAL Independent Expenditure	es		· [7 1 7 1 7 1
Under penalty of perjury I certify the with, or at the request or suggestion party committee) any political party	n of, any candidate or authorized			ooperation, consultation, or concert the reporting entity is not a political
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / / / / / / / / / / / / / / / / / /	07
Signature	<u> </u>	_ · · · · · · · · · · · · · · · · · · ·	التنا	

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Schedule E)	LIVI EXI EIVI	STIGHTS	PAGE 35 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee Nathan Smith			Date of Public Distribution/Dissemination
Mailing Address 1247 W Mt Comfort Rd			07 06 7 2014
5 1247 W WIL COMMOR NO			Amount
City	State	Zip Code	15.00
Fayatteville	AR	72703	Transaction ID: 810e2847-bf71-48b6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 06 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	14528.23	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Andrew Shiver			07 05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 Earlston Ct			Amount
City	State	Zip Code	60.00
Knightdale	NC	27545	Transaction ID: ea36e8b6-e057-4741-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 05 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		147448.02	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		75.00
# \ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
g			

Schedule E)	PAGE 36 OF 36 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
Andrew Shiver	07 05 7 2014
Mailing Address 110 Earlston Ct	nount
City State Zip Code	9.30
Da	ansaction ID: b111cd25-f88f-4651-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage Category/ Type 002	07 05 7 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbursen 2014	ment For:
Full Name of Payee Da	ate of Public Distribution/Dissemination
Mailing Address	M = M / D = D / Y = Y = Y
	mount
City State Zip Code	
Da	ate of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y = Y
Name of Federal Candidate Support Office So	ought: House District:
Oppose Pre	esident Senate State:
Calendar Year-To-Date Per Election for Office Sought	, <u> </u>
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	9.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2011.94
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	07 2014
- 3 - 111 - 1	